



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2017  
Limited Liability Company

- Filing period: September 1 - November 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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|--|--|--|--|
| 1. Entity ID Number<br><u>1338174</u>  |  | 2. Exact name of the Limited Liability Company<br><u>D-B PROTECT SOLUTIONS LLC</u>   |  |
| 3. NAICS Code<br><u>541111</u>   |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>PROTECT MANAGEMENT CONSULTING SERVICES</u> |  |
| 5. State of Formation<br><u>RI</u>   |  |  |  |
| 6. Principal Office Address<br><u>26 ALGER AVE</u>   |  | City<br><u>WARWICK</u>   | State<br><u>RI</u> Zip<br><u>02818</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |  |  |
| Contact Name<br><u>DOUGLAS BERMAN</u>  |  | Contact Title<br><u>SR. PROTECT MANAGEMENT CONSULTANT</u>  |  |
| Street Address<br><u>26 ALGER AVE</u>  |  | City<br><u>WARWICK</u>   | State<br><u>RI</u> Zip<br><u>02818</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |  |  |  |
| Manager Name<br><u>DOUGLAS BERMAN</u>  |  | Manager Name   |  |
| Street Address<br><u>26 ALGER AVE</u>  |  | Street Address<br><u>NA</u>  |  |
| City<br><u>WARWICK</u>   | State<br><u>RI</u> Zip<br><u>02818</u> | City   | State Zip                              |
| Manager Name   |  | Manager Name   |  |
| Street Address<br><u>NA</u>  |  | Street Address<br><u>NA</u>  |  |
| City   | State Zip                              | City   | State Zip                              |
| Check the box to indicate an attachment <input type="checkbox"/>   |  |  |  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.  |  |  |  |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. |  |  |  |
| Name of Authorized Person<br><u>DOUGLAS BERMAN</u>   |  | Date<br><u>14 SEPT 2017</u>  |  |
| Signature of Authorized Person<br><u>[Signature]</u>   |  | SIGN DOCUMENT HERE   |  |

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED  
SEP 19 2017  
BY 1093 DS